

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

09942835

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					/	
2						
3						/
4						
5						
6						
7					/	
8						/
9						/
10						/
11					/	
12						
13						/
14						/
15						/
16					/	
17					/	
18					/	
19						
20					/	
21						2
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48						
49						
50						
Total Indep					7	
Total Depend					11	
Total Claims					18	

*	*	*	*	*
	Indep	Depend	Indep	Depend
51				
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96				
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98				
99				
100				
Total Indep				
Total Depend				
Total Claims				

CLAIMS ONLY

Application Number

09942835

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1					/					
2					—					
3						/				
4					—					
5					—					
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18					/					
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20					/		2			
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Total Indep					7					
Total Depend					11					
Total Claims					18					